2000 UNIFORM BUSINESS REPORT (UBR)

AI'D FILED

00 MAY 14 PM 12: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2000 01111 011111 200111200 1121 0111 (0211)								
DOCUMENT # 1. Entity Name MURPHY CAPITAL, L.L.C	<u></u> 99000007949							
	extend of the							
Principal Place of Business	Mailing Address							
2914 W. WALLCRAFT AVENUE	2914 W. WALLCRAFT AVENUE							
TAMPA FL 33611	/ TAMPA FL 33611-1651							

TAMPA FL 33	. 33611 / TAMPA FL 33611-1651				. 1882:1811 818 18118 18111 88111 881	(1 88 511 88 111 88 7		######################################	
2 Principal F	Place of Business	. 2 Mailing Addrona							
2. Principal Place of Business		3. Mailing Address			· 				
=Suite, Apt.	#, etc				DO NOT WRIT	E.IN.THIS.SE	ACE		
	<u> </u>								
City & Stat	te City & State							plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required			litional d		
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent					
			Name	Name					
MURPHY, DANIEL			Street A	Ctreat Address (DO Pay Number is Not Assentable)					
2914 W. Y	WALLCRAFT AVENUE		Street At	Street Address (P.O. Box Number is Not Acceptable)					
tampa f	L 33611								
	, .		City			FL	Zip Code	.	
0 The element					bath in the Ctate of Flor		<u></u>		
o. The above	named entity submits this statement for	or the purpose of changing its	s registered office or	registered agent, i	of pour, in the state of Flor	rua.			
SIGNATURE	•							,	
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	FE: Registered Agent signatu	re required when reinstati	ng)	DATE			
			owiuseer lose	F0.00 =					
		*** ** FILE N	•				_		
,		Make Check Pa	ayable to Departr	ment of State					
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS/	CHANGES			
TITLE	President	☐ Detete	TITLE			[Change	Addition	
NAME			NAME		5000032	2878	:35-	2	
STREET ADDRESS	Daniel E. Murphy 2914 W. Wallcraft An		STREET ADDRESS	-06/14/0001008021					
CITY- ST- ZIP	Tampa, FL. 3361	1	CITY-ST-ZIP		*****	<u>0.00 ×</u>	*****2	0.00 <u> </u>	
TITLE	Secretary James O. Murphy J	☐ Delete	TITLE			C	Change	Addition .	
NAME	James D. Murphy T	Sr.	NAME						
STREET ADDRESS	3917 Snapper Pointe Dr. " " "			ADDRESS					
CITY-ST-ZIP	Tampa, FL 3361 Vice President	<u> </u>	CITY- \$1-ZIP						
TITLE	Vice President	Deleta	TITLE		والمناج والمناطقة والمناطقة		Change	Addition	
-NAME ~: -	Jeffrey D. Murph 3306 San Jose	MORM	NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	* "	-	CITY-8T-ZIP						
	Tampa, FL. 336					Г		Addition	
TITLE Name		Delata	TITLE NAME			L	Change		
STREET ADDRESS		and the second s	STREET ADDRESS			7. 2 7		- "	
CITY-ST-ZIP			CITY-ST-ZIP					. 1	
TITLE		☐ Delete	TITLE			[Change	Addition	
NAME			MANE						
STREET ADARESS		•	STREET ADDRESS						
CITY-ST-ZD			CITY-8T-ZIP				•		
TITLE 3		☐ Deleta	TITLE				Change	Γ	
MANE 1-			MAME						
STREET ADDRESS	,	•	STREET ADDRESS						

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SITUATIVE IN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/20/00

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